Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name: Lynn		
Pate Received:		
Recommended Applicant Pool Status: Included Removed Included Removed REQUIREMENTS: 1. Was the application received before the submission deadline? If NO, list time/date application was received: 2. Is the application complete? If NO, list the item(s) that need to be completed: 3. Indicate how the applicant responded to the following questions: A. Student enrolled in a college/university in the City of Austin?		
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initial and it and it only if NO consider lift it and in		
If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:		
i. Reside in the City of Austin?		
ii. Registered to vote in the City of Austin?		
iii. Continuously registered to vote in the City of Austin?		
iv. Voted in 3 of the last 5 City of Austin general elections?		
❖ Follow-up needed related to REQUIREMENTS? If YES, identify issue(s) addressed and disposition: Yes ✓ N Yes ✓ N		

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CONFLICTS OF INTEREST:

	NFLICTS OF INTEREST:	Tyes \(\times \) No
4.	Did the applicant respond "Yes" to any conflict of interest que If YES, indicate which question(s):	estions?
6 0	Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes □No
<u>C(</u>	ONSISTENCY: Are applicant answers consistent? If NO, indicate which answer(s):	Yes \square No
÷	Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes □No
	Application Reviewed By: 5	Review Date: 2/22/13
1	Quality Control Review By:	QC Review Date: 2/27/13
-	Follow-up Contact(s) Reviewed By:	_ Date: